

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

AWMD / WEM
FEB 29 2016
RECEIVED



1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>IA R000520817</u> 9 1 3 7 5 - I A - 0 0 1		
3. Site Name	Name: HFChlor-Alkali, LLC		
4. Site Location Information	Street Address: 1194 720th Ave.		
	City, Town, or Village: Eddyville		County: Monroe
	State: Iowa	Country: United States	Zip Code: 52553
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 3 2 5 1 8 0		C.
	B.		D.
7. Site Mailing Address	Street or P.O. Box: P.O. Box 489		
	City, Town, or Village: Eddyville		
	State: Iowa	Country: United States	Zip Code: 52553
8. Site Contact Person	First Name: Rhonda		MI: S Last: Taylor
	Title: QA/Compliance Coordinator		
	Street or P.O. Box: 1194 720th Ave.		
	City, Town or Village: Eddyville		
	State: Iowa	Country: United States	Zip Code: 52553
	Email: rstaylor@hfchloralkali.com		
	Phone: 641-969-4115	Ext.: N/A 7205	Fax: 641-969-4096
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Tim Harris		Date Became Owner: September 2013
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 9307 East 56th Street		
	City, Town, or Village: Indianapolis		Phone: 317-591-0000
	State: Indiana	Country: United States	Zip Code: 46216
	B. Name of Site's Operator: Jim Ford		Date Became Operator: November 2015
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐

1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.



- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.



- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- ☒ 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- ☒ 3. United States Importer of Hazardous Waste

Y ☐ N ☒

- ☒ 4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

5. Transporter of Hazardous Waste

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

6. Treater, Storer, or Disposer of Hazardous Waste

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

7. Recycler of Hazardous Waste

Y ☐ N ☒

8. Exempt Boiler and/or Industrial Furnace

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

9. Underground Injection Control

Y ☐ N ☒

10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

- ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

1. Used Oil Transporter

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

2. Used Oil Processor and/or Re-refiner

If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

3. Off-Specification Used Oil Burner

Y ☐ N ☒

4. Used Oil Fuel Marketer

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

N/A						

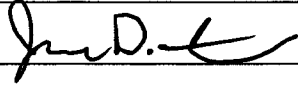
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Operations Manager	02/24/2016

**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY****ONLY fill out this form if:**N/A

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) **or** you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- ☐ Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?